

Officer Acceptance Form

ABATE of Indiana Officer Acceptance Form

1) I, _____, AGREE TO HOLD THE OFFICE OF _____,
IN THE REGION OR COUNTY OF _____, FROM _____
TO _____.

2) I WAS: ELECTED
 APPOINTED

I WAS APPOINTED BY _____
DATE _____

3) IF, AT ANY TIME, FOR ANY REASON, I CANNOT COMPLETE THIS TERM OF OFFICE, I AGREE TO SURRENDER ALL ABATE PAPERWORK, MATERIALS AND PROPERTY TO ANOTHER OFFICER IMMEDIATELY.

4) I HAVE READ THE BY-LAWS AND CONSTITUTION OF ABATE OF INDIANA, INC. I UNDERSTAND THEM, AND AGREE TO UPHOLD AND ABIDE BY THEM.

5) IF I DO NOT ABIDE BY THE BY-LAWS AND CONSTITUTION OF ABATE OF INDIANA, INC, I UNDERSTAND I MAY BE REMOVED FROM OFFICE WITH PROPER NOTIFICATION, AND I UNDERSTAND I MAY APPEAL SUCH ACTION TAKEN AGAINST ME.

SIGNED _____ DATE _____

VOTER'S REGISTRATION # _____
(or copy of card/form)

WITNESS _____ DATE _____

Revised November 2009

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